

Questionnaire for Individuals Who Were Self-Employed or Employed by a Family Member

| Signature | | | Date |
|--------------|--|------------------------------------|--------------------------------|
| Certific | eation: The information provided | herein it true and complete to the | ne best of my knowledge. |
| | | | |
| | | | |
| Owner's Name | | | Relationship |
| List b | elow the names of the busi | ness owners and indicate | their relationship to you. |
| | | | Company |
| | | ☐ Corporation | □ Limited Liability |
| How i | s the business organized: | ☐ Sole Proprietorship | □ Partnership |
| What | was your last day of work? | | |
| When | did you begin employment | there? | |
| | is the name of the compan you previously worked? _ | y, owned in whole or in pa | - |
| in wh | ole or part by a family me | ember. | |
| Part I | 3: To be completed by inc | lividuals formerly emplo | yed by a business owned |
| | employment or employme | ent goal. | |
| | contracted basis, and I oc | casionally accept such wo | rk, but it is not my primary |
| | employment or employment goal. My regular trade or occupation is one in which work is often available on a sub- | | |
| | My self-employment cons | ists of occasional consultir | ng work, but is not my primary |
| | My self-employment consi (examples: yard work, bat | | d jobs' of an informal nature |
| | | | |